

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90064 040 \*\*\*\*61.25

**DOCUMENT # 716144**

1. Entity Name  
**MUSEUM SOCIETY, INC.**



Principal Place of Business  
**22959 BAYSHORE RD  
PORT CHARLOTTE, FL 33980**

Mailing Address  
**22959 BAYSHORE RD  
PORT CHARLOTTE, FL 33980**

40001733



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**23-7065843**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DESGUIN, FRANK  
426 TAYLOR RD.  
PUNTA GORDA, FL 33950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete  
NAME **CERRITELLI, BOB**  
STREET ADDRESS **812 TAMiami TrL, SUITE 3**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **S** ☐ Change ☒ Addition  
NAME **Russ Moore**  
STREET ADDRESS **1999 Kings Hwy #21C**  
CITY-ST-ZIP **Port Charlotte, FL 33980**

TITLE **PD** ☐ Delete  
NAME **DESGUIN, FRANK**  
STREET ADDRESS **426 TAYLOR RD.**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Jim Marshall**  
STREET ADDRESS **14214 Riverbeach Rd.**  
CITY-ST-ZIP **Port Charlotte, FL 33953**

TITLE **S** ☒ Delete  
NAME **IMLER, ANN**  
STREET ADDRESS **25188 MARION AVE. F-208**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **CORLESS, NANCT**  
STREET ADDRESS **2645 W. MARION AVE, #613**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KNAPP, CECIL**  
STREET ADDRESS **3542 WHIPPORWILL BLVD.**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **FRAZEE, GLENN**  
STREET ADDRESS **3600 DARIN DR**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT F. CERRITELLI**

Date

Daytime Phone #

**1/4/08**